

Request for a Reasonable Accommodation

Name: _____ TDD/Phone: _____
Address: _____
City: _____ Zip Code: _____

Currently, I am:

- ☐ Applying for the Section 8 waiting list
☐ An applicant on the waiting list
☐ A Boucher holder looking for a unit
☐ Housed in a Section 8 unit with this housing agency
☐ Housed in a Section 8 unit with another housing authority
☐ Other _____

The following member of my household has a disability that qualifies under HUD rules (a mental or physical impairment that substantially limits one or more major life activities; a record of such an impairment; or being regarded as having such n impairment).

Name: _____

As a result of his/her disability, the following change or changes are necessary so the person listed can have the opportunity to equally participate in the Section 8 program:

You may verify the disability and the need for this request by contacting:

Name: _____ Title: _____
Phone: _____ Address: _____
City: _____ Zip Code: _____

I give you permission to contact the above individual for purposes of verifying that I, or a family member, have a disability and need the reasonable accommodation requested above. I understand that the information you obtain will be kept completely confidential and used solely to determine whether or not you will provide an accommodation.

Signature: _____ Date: _____